



BUS TRANSPORTATION INFORMATION

School Use Only for New Enrollees –Enrollment Date:

Student's Name		School		
Student's Social Security Number (Parent to provide for all new enrollees)			Date form returned to school	
Custodial Guardian Name, Address (student residence) Name Address		8:30-3:30 Phone Number	Other Hours Phone Number	Cell Phone Number
Parent Name, Address (if different from custodial guardian) Name Address		8:30-3:30 Phone Number	Other Hours Phone Number	Cell Phone Number
Details of regular pick-up and drop-off location(s)				
Pick-up address	Address phone number	Name of Person(s) at address		Cell phone number(s)
Drop-off address (if different from pick-up)	Address phone number	Person(s) permitted to receive the student		Cell phone number(s)
Details of first alternate drop-off location				
Drop-off address	Address phone number	Person(s) permitted to receive the student		Cell phone number(s)
Details of second alternate drop-off location				
Drop-off address	Address phone number	Person(s) permitted to receive the student		Cell phone number(s)

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